Mental health awareness programmes to promote mental well-being at the workplace among workforce in the low-income and middle-income countries: a scoping review protocol

Ibrahim Luberenga 1, Rosco Kasujja 2, Lenny Thinagaran Vasanthan 3, Adam Nyende 4, Eunice Turnwebaze 5, Leonard Joseph Henry Joseph 6

ABSTRACT

Introduction An understanding of the mental health awareness programmes among workforce in low/ middle-income countries (LMICs) is lacking significantly in literature. Such understanding is crucial for the employers, government agencies and other stakeholders to initiate strategies to promote mental health and well-being at the workplace.

Objective The main aim of this study is to conduct a scoping review to systematically map the research on the mental health awareness programmes among workforce in LMICs.

Methods A comprehensive search strategy for the articles published between 2000 and 2022 will be conducted in MEDLINE, PubMed, EBSCOhost, Wiley Online Library, Cochrane and JSTOR. Various study designs such as randomised control trials, non-randomised control trials, systematic reviews, scoping reviews and observational studies that report evidence on mental health awareness programmes among workforce in LMICs will be identified through specific strategy. Search outcomes will be presented in a thematic chart. The characteristics of the included studies, such as characteristics of mental health programmes, common outcome measures and domains, and motivations underlying the establishment of existing mental health awareness programmes will be extracted and analysed.

Analysis The search outcomes will be presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow chart. The characteristics of the research studies on mental health programmes will be outlined using tables. The various outcome domains and outcome measures reported in the studies will be presented in a bubble chart showing different outcome measures categorised and collated under a specific outcome domain. The findings on the motivations and justifications underlying the establishment of mental health awareness programmes will be summarised using a thematic analysis.

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STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ This scoping review will be reported as per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review guidelines.
⇒ The method is structured through five stages of clearly defined work as per an established scoping review methodological framework.
⇒ The scoping review will systematically search, select and synthesise existing knowledge as per the established guidelines for Scoping Reviews (2020 version), Joanna Briggs Institute Manual for Evidence Synthesis.
⇒ The review involves only studies in the English language due to limited resources, which limits the comprehensiveness of this review.

INTRODUCTION

Mental health is described by WHO as a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and can contribute to his or her community. Mental health is the foundation of a person’s well-being and effective functioning at the workplace and the community at large. To promote mental health at the workplace, one should recognise the phenomenon of mental health as a state of balance of a person’s cognitive, behavioural, emotional, social and relational well-being at work. Such recognition and understanding of the phenomenon will help the person to seek help for the challenges related to mental health problems. Mental health issues can affect one in four people in the workplace at some point in their lives and has a significant impact on employee well-being.

Mental health at the workplace especially stress, anxiety and depression are a major
issue of concern to the workers. Globally, approximately 42% of the employed workers say that their stress levels are high or very high. Employees working in organisations in which stressful environments are frequently encountered are at a higher risk of having mental health problems. Mental health of employees is a crucial determinant in their overall health and development. Poor mental health and stressors at the workplace can contribute to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions. Acknowledging the seriousness of the mental health problems among the workforce, a recent public health summit on mental health called for action steps to improve health and well-being of the workers. Data from different countries around the world indicate that mental health problems are a cause of several employees dropping out of work.

Despite being acknowledged globally as an important public health issue, mental health is still less prioritised as a disease burden in many low/middle-income countries (LMICs). With more than 85% of the world’s population living in the 153 LMICs, it is reported that more than 80% of people who have mental disorders are residing in LMICs. Also, experts predict that by 2030, depression alone is likely to be the third leading cause of disease burden in LMICs. Acknowledging the significance and magnitude of the problem stated above, the authors are developing a project to investigate and promote mental health and well-being among the workforce in certain LMICs. Thus prior to the development of this project, a scoping of evidence on the current status quo of LMICs is needed. The above-mentioned facts therefore set the context and need, and remain to be a motivation for the authors to investigate the mental health issues in the context of the LMICs, a region where the mental health remain often undiagnosed and undertreated.

Several factors such as poverty, urbanisation, internal migration, social inequities, institutional biases among women and lifestyle changes are moderators of the high burden of mental illness in many LMICs. Particularly among the workforce, various workplace issues such as uneven work load distribution, lack of control, poor inter-personal relationships, role conflict, work place culture, job content, work place discrimination and inequity, etc, contribute to mental health problems at the workplace affecting the health and well-being of the workers. Mental health problems among the workforce leads to lost worker productivity, impaired functioning, personal stigma, caregiver burden on family members, and, in some instances, to human rights violations. Therefore, mental health awareness programmes play an important and crucial role to improve mental health of the workers at the workplace.

The WHO explains mental health awareness programmes as programmes aimed at improving people’s control over their health. These programmes range from social and environmental interventions designed to benefit and protect people’s health, and quality of life by addressing and preventing the root causes of mental health problems, not just focusing on treatment and cure. Some of the mental health awareness programmes at the workplace involves encouraging active employee participation and decision-making, promoting work-life balance, encouraging respectful and non-derogatory behaviours, managing workloads, having conflict resolution practices in place, creating opportunities for employees training and capacity building. However, most of these programmes aimed at promoting mental well-being target female workers more when compared with their male counterparts. The present review plans to scope the studies that evaluate the interventions at multiple levels such as individual, group, employer and organisational levels that reports on any reported mental health awareness programmes which may range from awareness raising to behaviour change.

Legislations on workplace health particularly mental health have been adopted by various LMICs to consider the mental health of the workers and to provide a safe working environment. However, implementation of the mental health programmes and its outcomes among workers in the LMICs are not clear. Also, the context and culture of the people and workplace are often blended into the mental health promotion campaigns which emphasise the need for tailored strategies for the promotion of mental health. With so many factors driving mental health problems at the workplace, it is therefore pertinent to explore and understand the characteristics of the mental health awareness programmes among workforce in the context of LMIC regional context. There is a gap in the literature regarding the synthesis, scope and nature of the mental health awareness programmes implemented among the workers in the LMICs. Thus, the main aim of this scoping review is to systematically map the research that has been done on mental health awareness programmes and to scope the literature evidence to investigate the characteristics of the mental health awareness programmes among workforce in the LMICs.

**Methods and analysis**

This scoping review will be reported as per the recommendations suggested by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for scoping review—online supplemental appendix 1. The scoping review will systematically search, select and synthesise existing knowledge as per the established scoping reviews framework. The review will involve five stages of work as suggested by Arksey and O’Malley. Table 1 shows the description of the different stages of scoping review, as adapted from the landmark paper by Arksey and O’Malley.

**Stage 1: identifying the research question and its eligibility**

This scoping review seeks to address the following key research question: ‘What are the general characteristics of mental health awareness programmes to promote mental health among the workforce in the LMICs?’
The results of the pilot search were presented to the team in identifying the relevant studies for this scoping review. As part of developing a final search strategy for the review, truncation and Boolean operators such as ‘AND, OR’ will be used to enhance the search terms in the search strategy. Further created:

1. What are the general characteristics of mental health awareness programmes to promote mental health and well-being at the workplace in the LMICs? To support the breadth of coverage of the key research question, the following three subquestions were further created:
   1.1. What are the general characteristics of mental health awareness programmes to promote mental health and well-being at the workplace in the LMICs? To support the breadth of coverage of the key research question, the following three subquestions were further created:
   1.1.1. What are the general characteristics of mental health awareness programmes to promote mental health and well-being at the workplace in the LMICs?
   1.1.2. What are the common outcome domains and outcome measures reported among the studies on the mental health awareness programmes in the LMICs?
   1.1.3. What are the motivations underlying the establishment of existing mental health awareness programmes?

The above research questions will guide the development of the search strategy, systematic search, analysis and reporting of evidence in this scoping review.

**Stage 2: identifying relevant studies**

To identify the relevant studies from the literature, a list of search phrases from the research question will be used to develop key search terms. These search phrases include ‘mental health’, ‘awareness’, ‘programme’, ‘well-being’ and ‘workforce’. These search phrases will be developed further into specific search terms using MeSH index. Truncation and Boolean operators such as ‘AND, OR’ will be used to enhance the search terms in the search strategy. As part of developing a final search strategy for the review, a pilot search was conducted using the developed search phrases to demonstrate the feasibility of the search terms in identifying the relevant studies for this scoping review. The results of the pilot search were presented to the team for discussion and the search terms were adapted further prior to commencing the full search of relevant studies from the literature. Completed search terms used for the search strategy to identify relevant studies for this scoping review are shown in online supplemental appendix 2. The search strategy will be used to search relevant studies published between the year 2000 and 2022 from various major electronic databases. The five major databases used to search relevant studies include MEDLINE, PubMed, EBSCOhost, Wiley online library, Cochrane and JSTOR. A secondary search of possible relevant studies will be conducted from the reference lists of the identified studies. Furthermore, additional search will be conducted in the grey literature search engines such as Google Scholar (the top 100 articles), Open DOAR, medRxiv and TRIP database and from other institutional websites such as WHO and UNAIDS.

**Stage 3: study selection**

The review will adopt the Population, Concept and Context (PCC) framework to guide selection of relevant studies.20 The PCC concept will allow checking for any potentially missed inclusion and exclusion criteria for the protocol.20 Table 2 shows the PCC framework developed for this scoping review.

A list of inclusion and exclusion criteria will be used to select studies from the final search outcomes. The list of the inclusion and exclusion criteria for this scoping review are discussed below.

**Inclusion criteria**

The inclusion criteria include:

1. Studies reporting evidence on mental health awareness programmes among workers in LMICs.
2. Studies conducted in LMICs as defined by the Overseas Organisation for Economic Cooperation list.21
3. Any studies that evaluate the effectiveness of a mental health programme that promote mental well-being among workers.
4. Qualitative, quantitative and mixed studies will be included in order to consider different aspects of measuring mental health intervention programmes aimed at promoting mental well-being.
5. Articles that were published between 2000 and 2022, aimed at giving readers a sense of current state of research on the topic.

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**Table 1** Description of the different stages of scoping review

<table>
<thead>
<tr>
<th>Five stages of Arksey and O’Malley framework</th>
<th>Description of the framework adopted for this scoping review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: identifying the research question</td>
<td>The research question has to be clear and broad to provide a breadth of coverage on the topic to initiate subsequent search strategies for the scoping review</td>
</tr>
<tr>
<td>Stage 2: identifying relevant studies</td>
<td>A comprehensive search strategy with key search phrases needs to be developed to identify relevant studies from literature, and other sources of information if required</td>
</tr>
<tr>
<td>Stage 3: study selection</td>
<td>Clearly defined inclusion and exclusion criteria based on the research question have to be developed for selection of studies from the search outcomes</td>
</tr>
<tr>
<td>Stage 4: charting the data</td>
<td>A data extraction template is developed and used to extract specific sets of data to answer the research question</td>
</tr>
<tr>
<td>Stage 5: collating, summarising and reporting results</td>
<td>The methods of summarising and synthesising data extracted from the studies have to be specified clearly with analytical processes used in the review to report results</td>
</tr>
</tbody>
</table>

**Table 2** Population, Concept and Context framework developed for this scoping review

<table>
<thead>
<tr>
<th>Population</th>
<th>Context</th>
<th>Concept</th>
</tr>
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<tbody>
<tr>
<td>Participants: workforce, that is, men and women aged 18 years and above, engaged in work or work place, working in any particular sector or industry</td>
<td>Any in person, video based, counsellor based, pamphlet based, etc, mental health awareness programme</td>
<td>Mental health well-being among workforce in low/middle-income countries</td>
</tr>
</tbody>
</table>
6. Published articles as well as unpublished literature such as conference proceedings and any ongoing studies where preliminary findings are available on the topic on mental health awareness programmes will be considered.

**Exclusion criteria**

Studies will be excluded from the review based on the following criteria:

1. Articles reporting evidence on mental health awareness programmes that promote well-being in any other population rather than on people engaged in or available for work, either in a country or area or in a particular firm or industry.

2. Any evidence that reports mental health awareness programmes in any other countries other than LMICs.

3. Documents such as editorials, commentaries and opinions on the mental health programmes. However, these documents will be used to identify additional original studies.

**Stage 4: charting the data**

The retrieved studies will be screened in three stages. First, the titles of the articles will be screened from the list of studies retrieved from database search. An End Note library using the End Note (VX8, Philadelphia, PA) will be created, and all eligible articles following title screening will be exported into the library. The researchers will screen all the titles of the studies in the End Note and remove duplication. Second, the abstracts of the study will be screened for relevance. Third, all eligible articles after abstract screening will be screened for full text and will be included for data extraction. All the articles will be screened and retrieved by two researchers (IL and LJHJ). A third author (RK) will be consulted to make a consensus in case of any disagreements in the screening process and retrieval of studies. A pretested data extraction template, after piloting testing with three to five studies will be used for data extraction from the final list of identified studies. The following are the data that will be extracted from the list of identified studies: study title, study design, characteristics of study population, study aim, details of mental health programmes implemented, mode of implementation, duration of the interventional programmes, characteristics features of interventions such as activities, education, etc, used in the programmes, outcome measures and outcome domains reported, motivation-purpose of the intervention programmes, key findings and conclusion. All extracted data will be recorded in an Excel template for final analysis.

**Stage 5: collating, summarising and reporting the results**

The data will be summarised and reported as per the PRISMA reporting standards on scoping studies. A description on the selection of sources of evidence will be presented in a PRISMA flow chart. The fundamental characteristics of the research studies on mental health programmes will be outlined using tables. The results on the characteristics of the mental health programmes will include study title, study design, characteristics of study population, study aim, details of mental health programmes implemented, mode of implementation, duration of the interventional programmes and characteristics features of interventions such as activities, education, etc. If any of the above characteristics were not reported in the studies, it will be marked and reported as ‘not specified’. The various outcome domains and outcome measures reported in the studies will be reported by using a bubble chart which will show the different outcome measures categorised and collated under a specific outcome domain. This method is chosen as it will give a diagrammatic representation of various outcome measures used in the studies across different outcome domains. Additionally, the data from the studies on the motivations and justifications underlying the establishment of mental health awareness programmes will be summarised using a thematic analysis. The findings will be reported as various themes that underpins the motivation for running the mental health awareness programmes.

**Patient and public involvement**

None.

**DISCUSSION**

This scoping work has been initiated by a multidisciplinary group of researchers from different countries working together forming an international research network group to support and strengthen health system research initiatives in the field of occupational health promoting health and well-being of the workforce in LMICs. With more than 80% of the mental health problems reported to occur in LMICs, the research network group has identified the need to develop a mental health awareness programme and to test its efficacy among the workforce in the LMIC. Planning an evidence-informed health intervention should engage stakeholders, community members and patients, and the proposed intervention should incorporate theoretical and empirical evidence. Therefore prior to engaging with the stakeholders and patients to coproduce a mental health awareness programme for the workforce, it was decided to explore the theoretical and empirical evidence on the mental health awareness programmes conducted among the workforce in the LMIC regional context. However, there is a paucity in the current literature regarding an in-depth review and summary of evidence on the mental health programmes conducted in LMIC region among working people. To the best of our knowledge, no scoping review on mental health awareness programmes aimed at promoting mental well-being at the workplace in LMICs has been conducted yet. Therefore, the current scoping review was proposed to determine the characteristic of the mental health awareness programmes among the workforce in the LMICs.
Globally, intervention mapping (IM) is a highly recommended public health promotion framework to develop health promotion interventions and implementation strategies in community and clinical settings globally. The IM framework suggests health promotion programmes to take a systematic and stepwise approach in engaging with a theory-base and evidence-base in planning interventions. Thus, the scoping review protocol was developed to systematically engage with the theory-base and evidence-base in the field of mental health awareness programmes implemented in the LMIC region. It is hoped that conducting the proposed scoping review will inform the research networking group of the available evidence on the mental health awareness programmes aimed at promoting mental well-being at the workplace among the workforce in LMICs. The findings may assist the networking group, stakeholders and patients to coproduce and design an effective mental health awareness programmes that may help workers in LMICs improve their health outcomes. The findings of this scoping review will be disseminated and shared to the public through publications in systematic review journals as well as presentations to relevant stakeholders.

While questions may be raised over the effectiveness of the workplace interventions, several studies have evaluated and documented evidence on workplace interventions targeting mental well-being. A recent WHO guideline on mental health at work provide evidence-based recommendations to promote mental health, prevent mental health conditions and enable people living with mental health conditions to participate and thrive at work. Furthermore, a Public Health England document suggests that the psychosocial working conditions can be improved through workplace interventions. Other studies have reported the effectiveness of workplace interventions to reduce sickness absence, promote mental health awareness, destigmatise mental illness, reduce levels of depression and increases productivity. Thus, evidence suggests that the workplace interventions may have a value to address mental health issues and well-being at work place. Therefore, improving employee health and well-being with workplace interventions is possible, however, intervention content and delivery must be considered, which sets the motivation and context for the current scoping review.

Everyone irrespective of whether they live in LMIC or high-income countries (HICs) deserves an inherent right to the highest attainable standard of mental health at work. Indeed, the comprehensive mental health action plan 2013–2030 by WHO emphasises the need for all countries to promote safe, supportive and decent working conditions. In all countries including LMIC and HIC, the wealth of enterprises and societies depends on the mental health of workers. Moreover, the WHO guidelines suggest workplaces as a platform for the evidence-based action required to ensure effective prevention, promotion and support for mental health at work. Existing studies in mental health and well-being at work are conducted in developed countries. On the other hand, there is a relative lack of research focusing on workplace intervention and mental health within workplace settings in LMICs. The interaction between mental health and workplace environment is complex and multifaceted. For example, it should not be assumed that the effectiveness of the workplace interventions in HIC is likely to be same in the LMIC as the settings and priorities are different. For instance, the welfare system provides a safety net for the workforce with mental health issues in the HIC, whereas, workers in LMICs are likely to continue to work despite their difficulties. Also, it can be argued that occupational mental health may not be a significant government priority in LMICs. Worldwide especially in the LMIC, many people with mental health conditions do not receive even minimally adequate treatment. For example, for depression and anxiety, the treatment gap is estimated to be 95% in low-income countries. Therefore, it is no question that mental health and well-being at workplace among the workforce is an important agenda in both HIC and LMIC especially in the LMIC where the mental health remain often undiagnosed and undertreated.

Mental health is an important component of overall health and well-being of an individual. When mental health awareness programmes are put in place at the workplace, it is likely to help employers to reduce sickness absenteeism and related healthcare costs, and employees to increase the rate of productivity at the workplace. The current review findings will inform the research networking group to understand the characteristics of the mental health awareness programmes, and to customise a mental health awareness programme which will eventually be tested among the workforce in selected LMICs through randomised controlled trials. Therefore, the findings of the proposed scoping review are important to anyone who aims to develop mental health programmes in the LMIC region as the findings inform the underpinning evidence base for development of the programme, underlying principles and specific core outcome measures.

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